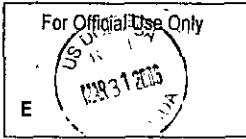


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 OF 5

1. File Number U - <u>21043</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>DAVID E FOUGHT</u> P.O. Box, Bldg., Room No., if any Street <u>6403 DIAMOND ROCK DR</u> City <u>KATY</u> State <u>TEXAS</u> ZIP Code + 4 <u>77449-4242</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS LOCAL UNION # 68</u> Labor Organization File Number <u>039-449</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 8746</u> Street <u>500 LINK RD</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77249-8746</u>
5. Position in labor organization. <u>COMMUNITY SERVICES COMMITTEE MEMBER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>HOUSTON AREA PLUMBER J.A.C.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>P.O. Box 8746</u> Street <u>500 LINK RD</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77249-8746</u>	7.a. Nature of Interest, Transaction, or Income. <u>\$55 ASSE MEMBERSHIP DUES 1-27-05</u> <u>\$100 TSBPE CE TRAINING REGISTRATION 3-4-05</u> <u>\$234 WAGES MAKE UP CLASS 5-10-05</u> <u>\$178 WAGES C.E INSTRUCTOR TRAINING 5-13-05</u> <u>\$136 REIMBURSE + TRAVEL + EXPENSES CE INSTRUCTOR TRAINING 5-20-05</u> <u>\$4 INSURANCE TO MASS BENEFITS 5-20-05</u>
7.b. Amount.	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number